ATTORNEY DOCKET NUMBER

5853-238

WAY O 7 TOWN

As a below named inventor, I hereby declare that:

by residence, post office address and citizenship are as stated below next to my name.

believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETECTING HORMONALLY ACTIVE COMPOUNDS

the specific	cation of which (check only one item below):
0	is attached hereto.
[X]	was filed as U.S. Patent Application Serial Number 10/663,561 on September 15, 2003, as amended on _ (if applicable).
[] wa	as filed as a PCT international application number on, as amended under PCT Article 19 on(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

PRIOR FOREIGN PATE	PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:					
COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119			
			[]YES []NO			
		• .	[]YES []NO			
			[] YES [] NO			
			[]YES []NO			
			[]YES []NO			

ATTORNEY DOCKET NUMBER 5853-238

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

DDIOD II S	APPLICATIONS OF PCT INTERNATIONAL	APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

PRI	OR U.S. APPLIC	ATIONS OF	PCT INTERNA	TIONAL APPLICATION	ONS DESIGNATING THE U.S	S. FOR BENE	EFIT UNDER	35 U.S.C.	120:
			STATUS (Check One)						
	U.S. APPLIC	CATION NUME	BER	U.S.	FILING DATE	PATENTE	D ABA	NDONED	PENDING
	60/410,414 Septemb			ber 13, 2002			Χ		
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-		PCT AI	PPLICATIONS	DESIGNATING TH	HE U.S.	1			I
P	CT APPLICATION N	7		FILING DATE	U.S. SERIAL NUMBERS				
304	48 to prosecut	e this appli	cation and tra	entor, I hereby appoins act all business in	pint registered patent practite U.S. Patent and Trac	demark Offic	ce connect	ed therew	ner Number ith.
Ser	Akerman Se 222 Lakevie West Palm I	nterfitt w Avenue,	Suite 400		Direct Telephone Call	s to: Stanle) 653-500	-		
	FULL NAME OF INVENTOR	FAMILY N DENSLOV		·	FIRST GIVEN NAME NANCY		SECOND (D.	GIVEN NA	ME
201	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE				COUNTRY OF CITIZENSHIP UNITED STATES			
	POST OFFICE ADDRESS	POST OF 5622 NW	FICE ADDRE 48 th PLACE	ss	CITY GAINESVILLE		STATE & Z FLORIDA		/COUNTRY SA
	FULL NAME OF INVENTOR	FAMILY N LARKIN	IAME		FIRST GIVEN NAME PATRICK		SECOND (M.	GIVEN NA	AME .
202	RESIDENCE & CITIZENSHIP	CITY GAINESV	ILLE	,	STATE OR COUNTRY FLORIDA	/ ·	COUNTRY UNITED S		
	POST OFFICE ADDRESS	POST OF 5228 NW	FICE ADDRE 25 th PLACE	SS	CITY GAINESVILLE		STATE & Z FLORIDA		/COUNTRY SA
	FULL NAME OF INVENTOR	FAMILY N FOLMAR			FIRST GIVEN NAME LEROY		SECOND C.	GIVEN NA	AME
203	RESIDENCE & CITIZENSHIP	CITY GAINESV	ILLE	,	STATE OR COUNTRY FLORIDA	<i>(</i>	COUNTRY UNITED S		ZENSHIP
	POST OFFICE ADDRESS	POST OF 2754 NW	FICE ADDRE 105 th DRIVE	SS	CITY GAINESVILLE		STATE & Z FLORIDA		/COUNTRY SA

SIGNATURE OF INVENTOR 201 Nanny Duston	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE April 06,2004	DATE	DATE

ATTORNEY DOCKET NUMBER 5853-238

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PK	IOR U.S. APPLIC	ATIONS OR PO	TINTERN	ATIONAL APPLICA	TIONS DESIGNATING THE U	.S. FOR BENE	FIT UNDER 35 U.S.C.	120:
			U.S. A	PPLICATIONS			STATUS (Check C	One)
	U.S. APPLICATION NUMBER U.S. FI				S. FILING DATE	PATENTE	D ABANDONED	PENDING
	60/4	10,414		Septe	mber 13, 2002		X	
		1						
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		PCT APPL	ICATION	S DESIGNATING	THE U.S.			
P	CT APPLICATION N	IUMBER	PC.	FILING DATE	U.S. SERIAL NUMBERS			
								-
304	148 to prosecut	e this applicati	named in ion and tra	ventor, I hereby ap ansact all business	ppoint registered patent pra in the U.S. Patent and Tra	demark Offic	ce connected therew	ner Number ith.
Se					Direct Telephone Ca	1) 653-5000		
	FULL NAME OF INVENTOR	FAMILY NAM DENSLOW	1E		FIRST GIVEN NAME NANCY		SECOND GIVEN NA D.	ME
201	RESIDENCE & CITIZENSHIP	GAINESVILLE		STATE OR COUNTR' FLORIDA		COUNTRY OF CITIZ UNITED STATES	ZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5622 NW 48 th PLACE		CITY GAINESVILLE		STATE & ZIP CODE FLORIDA 32606 / U:		
	FULL NAME OF INVENTOR	FAMILY NAN LARKIN	ΛE		FIRST GIVEN NAME PATRICK		SECOND GIVEN NA M.	ME
2	RESIDENCE & CITIZENSHIP	GAINESVILLE		STATE OR COUNTR FLORIDA		COUNTRY OF CITIZ UNITED STATES	ZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5228 NW 25 th PLACE		CITY GAINESVILLE	1	STATE & ZIP CODE FLORIDA 32606 / U		
	FULL NAME OF INVENTOR	FAMILY NAME FOLMAR		FIRST GIVEN NAME LEROY		SECOND GIVEN NAME C.		
3	RESIDENCE & CITIZENSHIP	CITY GAINESVILL	E		STATE OR COUNTR FLORIDA		COUNTRY OF CITIZ UNITED STATES	ZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2754 NW 105 th DRIVE			CITY GAINESVILLE		STATE & ZIP CODE FLORIDA 32606 / U	

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE 4/14/4	DATE

ATTORNEY DOCKET NUMBER 5853-238

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

	OR U.S. APPLIC		R PCT INTERNA	TIONAL APPLICATI	ONS DESIGNATING THE U.S	S. FOR BENEF	IT UNDER 35 U.S.C.	120:
			U.S. AF	PLICATIONS			STATUS (Check	One)
		MUN NOITA	BER	U.S.	FILING DATE	PATENTED	ABANDONED	PENDING
	60/4	10,414		Septen	nber 13, 2002		X	
		PCT A	PPLICATIONS	DESIGNATING T	HE U.S.			<u> </u>
P	CT APPLICATION N			FILING DATE	U.S. SERIAL NUMBERS	<u> </u>		
PO 304	WER OF ATTO	PRNEY: A e this appli	s a named invication and trai	entor, I hereby app nsact all business i	oint registered patent prac n the U.S. Patent and Trac	ctitioners asso demark Office	ociated with Custor e connected therew	mer Number vith.
Ser	nd Corresponde Akerman Se 222 Lakevie West Palm E	nterfitt w Avenue.	Suite 400 33401-6183		Direct Telephone Call (561	s to: Stanley) 653-5000		
	FULL NAME OF INVENTOR	FAMILY N DENSLO			FIRST GIVEN NAME NANCY	S	ECOND GIVEN NA	AME
201	RESIDENCE & CITIZENSHIP	GAINESVILLE		STATE OR COUNTRY FLORIDA		OUNTRY OF CITI	ZENSHIP	
	POST OFFICE ADDRESS	POST OF 5622 NW	FICE ADDRES 48 th PLACE	SS	CITY GAINESVILLE	1-	TATE & ZIP CODE LORIDA 32606 / U	
	FULL NAME OF INVENTOR	FAMILY N LARKIN	NAME		FIRST GIVEN NAME PATRICK	S	ECOND GIVEN NA	AME
202	RESIDENCE & CITIZENSHIP	GAINESVILLE		STATE OR COUNTRY FLORIDA		OUNTRY OF CITI INITED STATES	ZENSHIP	
	POST OFFICE ADDRESS	POST OF	FICE ADDRE	SS	CITY GAINESVILLE		TATE & ZIP CODE LORIDA 32606 / U	
	FULL NAME OF INVENTOR	FAMILY NAME FOLMAR		FIRST GIVEN NAME LEROY	S	ECOND GIVEN N	AME	
203	RESIDENCE & CITIZENSHIP	CITY GAINESV	'ILLE		STATE OR COUNTRY FLORIDA		OUNTRY OF CITI INITED STATES	ZENSHIP
	POST OFFICE ADDRESS	POST OF 2754 NW	FICE ADDRE	SS	CITY GAINESVILLE		TATE & ZIP CODE LORIDA 32606 / U	

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

<u></u>	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
		KNOEBL	IRIS	DESCRIB SIVERVIOLE
204	RESIDENCE & CITIZENSHIP	CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
205	RESIDENCE & CITIZENSHIP	FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
ı	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
206	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 [™] AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 3/30/04	DATE	DATE
SIGNATURE OF INVENTOR 207		,
DATE		

		FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
205	RESIDENCE & CITIZENSHIP	FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
	FULL NAME OF INVENTOR	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
206	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 [™] AVENUE, #S-115	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
	FULL NAME OF INVENTOR	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
207	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE 4/10/04	DATE
SIGNATURE OF INVENTOR 207		,
DATE		

US

14:00

04/28/2004

_	FULL NAME OF	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
204		CITY CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED SYLTES
	OFFICE	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & Z2 CODE/CC: JNTRY OHIO 4522: / USA
_		FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND & VEN NAME
05		FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & Z CODE/CCUNTRY VERMONT 05456 / USA
206	OF	FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND CIVEN NAME
	RESIDENCE &	GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENGHIP UNITED STATES
	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS 10,000 SW 52 rd AVENUE, #S-115	CITY GAINESVILLE	STATE & 2:2 CODE/CCUNTRY FLORIDA 2:608 / USA
207	ADDRESS FULL NAME OF	FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND CIVEN NAME.
	RESIDENCE &	GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED SYATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & 2.13 CODE/COUNTRY FLORIDA \$2503 / USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and ballef are belic red to be true; and further that these statements were made with the knowledge that willful false statements and the like an made are punishable by fine or implication of both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeoperdize the validity of the application or any patent leaving thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	Jannet hoce he	
DATE	DATE	DATE 4/28/04	
SIGNATURE OF INVENTOR 207			
DATE			

	FULL NAME OF INVENTOR	FAMILY NAME KNOEBL	FIRST GIVEN NAME IRIS	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	CINCINNATI	STATE OR COUNTRY OHIO	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3524 TELFORD STREET, APT. #2	CITY CINCINNATI	STATE & ZIP CODE/COUNTRY OHIO 45220 / USA
	FULL NAME OF INVENTOR	FAMILY NAME SABO-ATTWOOD	FIRST GIVEN NAME TARA	SECOND GIVEN NAME
205	RESIDENCE & CITIZENSHIP	FERRISBURG	STATE OR COUNTRY VERMONT	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 143 MIDDLEBROOK ROAD	CITY FERRISBURG	STATE & ZIP CODE/COUNTRY VERMONT 05456 / USA
		FAMILY NAME KOCERHA	FIRST GIVEN NAME JANNET	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10,000 SW 52 [™] AVENUE, #S-115	CITY GAINESVILLE.	STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA
		FAMILY NAME BLUM	FIRST GIVEN NAME JASON	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY GAINESVILLE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
		POST OFFICE ADDRESS 379-7 MAGUIRE VILLAGE	CITY GAINESVILLE	STATE & ZIP CODE/COUNTRY FLORIDA 32603 / USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 Jason Blum		
3/29/2004		